



Research article

Exploring revictimization process among Turkish women: The role of early maladaptive schemas on the link between child abuse and partner violence



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ABSTRACT

The purpose of the current study is to explore the revictimization process between child abuse and neglect (CAN), and intimate partner violence (IPV) based on the schema theory perspective. For this aim, 222 married women recruited in four central cities of Turkey participated in the study. Results indicated that early negative CAN experiences increased the risk of being exposed to later IPV. Specifically, emotional abuse and sexual abuse in the childhood predicted the four subtypes of IPV, which are physical, psychological, and sexual violence, and injury, while physical abuse only associated with physical violence. To explore the mediational role of early maladaptive schemas (EMSs) on this association, first, five schema domains were tested via Parallel Multiple Mediation Model. Results indicated that only Disconnection/Rejection (D/R) schema domains mediated the association between CAN and IPV. Second, to determine the particular mediational roles of each schema, eighteen EMS were tested as mediators, and results showed that Emotional Deprivation Schema and Vulnerability to Harm or Illness Schema mediated the association between CAN and IPV. These findings provided an empirical support for the crucial roles of EMSs on the effect of revictimization process. Clinical implications were discussed.

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Intimate partner violence (IPV) is a serious global problem because it affects women, families, and society. To draw the attentions over the matter, the [United Nations General Assembly \(1993\)](#) published the *Declaration on the Elimination of Violence against Women*, and defined IPV with its different aspects, including physical, psychological, and sexual violence. Prevalence studies of [World Health Organization \(2013\)](#) indicate that almost 30% of women had experienced physical and/or sexual violence in their intimate relationship.

A large amount of research which focusing on the associated factors of partner violence (e.g., [Bensley, Van Eenwyk, & Wynkoop Simmons, 2003](#); [Cold et al., 2001](#); [Millett, Kohl, Jonson-Reid, Drake, & Petra, 2013](#); [Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003](#); [Renner & Slack, 2006](#)) consistently indicated that there was a strong link between child abuse and neglect (CAN) and IPV. Accordingly, early negative childhood experiences have been closely associated with the risk of being a victim in later adulthood relationships – *revictimization* (e.g., [Arata, 2002](#); [Edleson, 1999](#); [Gold, Sinclair, & Balge, 1999](#); [Hartley, 2002](#); [Lowell, Renk, & Adgate, 2014](#); [McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2008](#); [Milner et al., 2010](#)). In a retrospective study conducted via telephone survey, 3568 women who stated that they experienced high rates of IPV also reported being abused as a child ([Thompson et al., 2006](#)). In another study based on interviews with 1800 ever-married women from 56 provinces of Turkey ([Altınay & Arat, 2008](#)), 48% of the women who reported that they had been

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Table 1
Demographic characteristics of participants.

Variables	N (222 participants)	%
Young adult (between 20 and 30)	68	30.6
Middle adult (between 31 and 40)	81	36.5
Late adult (between 41 and 50)	66	29.7
Education		
Primary school	93	41.9
High school	55	24.8
University or higher	73	32.9
CAN (at least one time)		
Emotional abuse	101	45.5
Physical abuse	40	18
Sexual abuse	27	12.2
Emotional neglect	189	85.1
Physical neglect	140	63.1
IPV (at least one time)		
Physical violence	93	41.9
Psychological violence	184	82.9
Sexual violence	79	35.6
Injury	53	23.9

Note. CAN=child abuse and neglect, IPV=intimate partner violence. The remained number of the participant are missing value.

exposed to physical violence by their fathers during their childhood also experienced physical violence by their husbands. This association was addressed in small number of longitudinal studies as well (e.g., Barnes, Noll, Putnam, & Trickett, 2009; Vezina et al., 2015; Widom, Czaja, & Dutton, 2008; Widom, Czaja, & Dutton, 2014).

To explore the mechanism of this repeated victimization, previous studies focus on its different aspects. Some studies (e.g., Asgeirsdottir, Sigfusdottir, Gudjonsson, & Sigurdsson, 2011; Walsh, Latzman, & Latzman, 2014; White & Widom, 2003; Widom, Marmorstein, & Helene, 2006) determine revictimization by focusing on the negative outcomes of child maltreatment, such as substance use. Some others (e.g., Lowell et al., 2014) emphasize similarities between attachment figures and later partners; and others (e.g., Gold et al., 1999; Macy, 2007) specify the influences of adapted coping strategies. However, cognitive literature (e.g., Gibb, 2002; Hankin, 2005) addresses the role of cognitive vulnerabilities on the repeated victimization of early negative experiences and later problems.

These early adapted vulnerabilities expanded under the framework of Young's early maladaptive schemas (Young, 1990). According to schema theory (Young, 1990), the child who had been harmed or victimized in their family on early ages may later develop some early maladaptive schemas (EMSs). EMSs are defined as broad, pervasive, dysfunctional themes or patterns comprised of memories, emotions, cognitions, and bodily sensations, which were developed during childhood, and elaborated throughout one's lifetime (Young, Klosko, & Weishar, 2003). They define 18 different EMSs grouped into five domains. The theory emphasizes the importance of prior victimization to develop EMSs which may increase the risk of experiencing later psychopathologies and problematic relations (Young et al., 2003).

Although the researcher (i.e., O'Dougherty-Wright, Crawford, & Del Castillo, 2009) showed the crucial roles of EMSs experiencing later problems, only limited studies have addressed their mediational role on the relationship between CAN and IPV. For instance, Gay, Harding, Jackson, Burns, and Baker (2013) found that the domains of Disconnection/Rejection (D/R) mediated the association between child maltreatment and partner violence. Additionally, Crawford and O'Dougherty-Wright (2007) reported the indirect effect of schemas of Mistrust/Abuse, Self-Sacrifice, and Emotional Inhibition between CAN and IPV relationship. There is still a strong need to understand the mechanisms of revictimization process through new statistical analyses and different samples (Gay et al., 2013).

On the basis of these findings, the aim of the present study is to examine the underlying mechanism of revictimization process through schema theory perspective. Specifically, it was hypothesized that CAN would be associated with later IPV, and this relationship would differ according to the subtypes of CAN and IPV. Additionally, it was hypothesized that EMSs mediate the relationship between CAN and IPV.

Method

Participants

222 married women who had been married for at least a year participated in the study. Participants were recruited from four cities of Turkey via convenience sampling. The ages of the women ranged between 20 and 50 ($M = 35.65$, $SD = 7.83$). With respect to the education levels, 41.9% of the participants were left primary school, 24.8% high school, and 32.9% university or post graduates (see Table 1).

Table 2
Descriptive characteristics of the measures.

Measures	<i>M</i>	<i>SD</i>	<i>α</i>
CTQ	44.96	7.74	.67
Emotional abuse	6.8	2.88	.77
Physical abuse	5.48	2.14	.70
Sexual abuse	5.36	1.31	.70
Emotional neglect	10.58	4.8	.84
Physical neglect	7.7	3.07	.52
CTS2	16.27	23.54	.94
Physical violence	5.34	11.8	.95
Psychological violence	8.62	8.85	.82
Sexual violence	2.10	4.07	.66
Injury	1.21	3.85	.86
YSQ-SF3	222.01	56.91	.94
DR	52.90	18.22	.89
IAP	42.38	13.13	.81
IL	30.11	9.18	.65
OD	42.83	11.23	.78
OI	54.16	14.87	.79

Note. CTQ = Childhood Trauma Questionnaire, CTS2 = Revised Conflict Tactics Scale, YSQ-SF3 = Young Schema Questionnaire-Short Form 3, DR = Disconnection and Rejection, IAP = Impaired Autonomy and Performance, IL = Impaired Limits, OD = Other-Directedness, OI = Overvigilance and Inhibition.

Measures

Childhood Trauma Questionnaire (CTQ). This self-report instrument evaluates childhood abusive experiences through 28 items, 5-point Likert type response scale (*1 = never, 5 = very often*; Bernstein et al., 1994). It has five subscales with five items, which are namely emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. It was adapted to Turkish by Şar, Öztürk, and İlikardeş (2012), and internal consistency coefficients were reported as .93, and test-retest reliability was found as .90. In the current study, alpha coefficients of each subscale were found as .77, .70, .70, .84, and .52, respectively.

Conflict Tactics Scale – Revised (CTS-2). CTS-2 was developed as a 39-item self-report measure to assess intimate partner violence (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Participants rated the list of behaviors performed by their partner via 7-point Likert type scale (*0 = never, 1 = once, 2 = twice, 3 = 3–5 times, 4 = 6–10 times, 5 = 11–20 times, 6 = more than 20 times*). The numbers of items of the five subscales, which are negotiation, psychological violence, physical violence, sexual violence, and injury, are 6, 8, 12, 6, and 7. The Turkish adaptation study conducted by Turhan, Guraksin, and Inandı (2006) showed that this measure was reliable and valid for assessing different forms of IPV with .82 Cronbach's alpha coefficient. In the current study, four subscales, namely psychological violence (.95), physical violence (.82), sexual violence (.66), and injury (.86) were used.

Young Schema Questionnaire – Short Form 3 (YSQ-SF3). The 90-item, revised version of YSQ evaluates 18 EMSs on five domains: Disconnection/Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance and Inhibition (as cited in Young et al., 2003). The items are rated on a 6-point Likert type scale (*1 = entirely untrue of me, 6 = describes me perfectly*) and higher scores on these items indicated the stronger schema characteristics. The Turkish adaptation study revealed adequate internal consistency ($r = .53$ to $.81$), and test-retest reliability ($r = .66$ to $.83$; Soygüt, Karaosmanoğlu, & Çakır, 2009). In the current sample, alpha coefficient of the total scale was .94 (see Table 2).

Procedure

Before the data collection, necessary approval was taken from Middle East Technical University Human Subjects Ethics Committee. Afterwards, a package including the questionnaires was distributed. The completion of the booklet took almost 50 min. Following stage, debriefing form was given participants to explain the aim of the study.

Results

Means, standard deviations, and Cronbach's alpha correlation coefficients of measures are presented in Table 2.

Table 3

Statistics for the regression equations with subtypes of intimate partner violence regressed child abuse and neglect variables after controlling age and education level of participants.

Variables	β	<i>t</i>	<i>df</i>	F_{change}	R^2
Regression 1: DV: Physical violence					
Step 1: Control variables					
Age	.03	0.36	2,219	1.9	.008
Education level	-.12	-1.82	219		
Step 2: Domains of CAN					
Emotional abuse	.15	1.96*	214	10.05***	.18
Physical abuse	.22	2.85**	214		
Sexual abuse	.20	3.07**	214		
Emotional neglect	.07	0.92	214		
Physical neglect	-.05	-0.57	214		
Regression 2: DV: Psychological violence					
Step 1: Control variables					
Age	.02	0.36	2,219	2.47	.02
Education level	-.14	-2.10†	219		
Step 2: Domains of CAN					
Emotional abuse	.27	3.4**	214	7.21***	.16
Physical abuse	.06	0.83	214		
Sexual abuse	.16	2.39†	214		
Emotional neglect	.02	-0.36	214		
Physical neglect	-.03	0.26	214		
Regression 3: DV: Sexual violence					
Step 1: Control variables					
Age	-.05	-0.7	2,219	2.57	.01
Education level	-.15	-2.25†	219		
Step 2: Domains of CAN					
Emotional abuse	.35	4.82***	214	15.84***	.27
Physical abuse	.00	.02	214		
Sexual abuse	.35	5.66***	214		
Emotional neglect	-.02	-0.26	214		
Physical neglect	-.09	-1.17	214		
Regression 4: DV: Injury					
Step 1: Control variables					
Age	.03	0.39	2,219	3.1*	.02
Education level	-.16	-2.35†	219		
Step 2: Domains of CAN					
Emotional abuse	.17	2.11†	214	6.52***	.13
Physical abuse	.06	0.77	214		
Sexual abuse	.18	2.72**	214		
Emotional neglect	.00	.02	214		
Physical neglect	.09	1.03	214		

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Associated Factors of four Subtypes of Intimate Partner Violence

Four two-step hierarchical regression analysis were conducted to identify variables associated with four subtypes of intimate partner violence. As shown in Table 3, physical violence, psychological violence, sexual violence, and injury were defined dependent variables, respectively. In the all regression equations, age and education level were initially entered into the model as the control variables. Then, the five subtypes of CAN, which are emotional, physical, and sexual abuse, and emotional and physical neglect, were entered into the second step as predictor variables.

When the initial steps of four regression analyses were evaluated, the steps were not showed significant results in the first three regression analyses, whereas last analyses indicated significant results ($F_{change}(2, 219) = 3.1, p = .047$). Specifically, education level significantly predicted later injury violence ($\beta = -.16, t [219] = -2.35, p = .02$), while age did not reveal a significant association. Accordingly, low level of education is the risk factor of the experiencing injury in later relationships.

When the second steps of four analyses were evaluated, all steps were significant (for F value see Table 3), and explained 18%, 16%, 27%, and 13% variance, respectively. More specifically, emotional abuse and sexual abuse were significantly predicted four subtypes of IPV, while physical abuse only associated with physical violence. As the women' experiences of emotional and sexual abuse were increased, later physical violence ($\beta = .15, t [214] = 1.96, p = .05$; $\beta = .20, t [214] = 3.07, p = .002$), psychological violence ($\beta = .27, t [214] = 3.4, p = .001$; $\beta = .16, t [214] = 2.39, p = .017$), sexual violence ($\beta = .35, t [214] = 4.82, p = .000$; $\beta = .35, t [214] = 5.66, p = .000$), and injury experiences ($\beta = .17, t [214] = 2.11, p = .036$; $\beta = .18, t [214] = 2.72, p = .007$) were increased. Additionally, having stronger physical abuse experiences increased the rate of later physical violence ($\beta = .22, t [214] = 2.85, p = .005$).

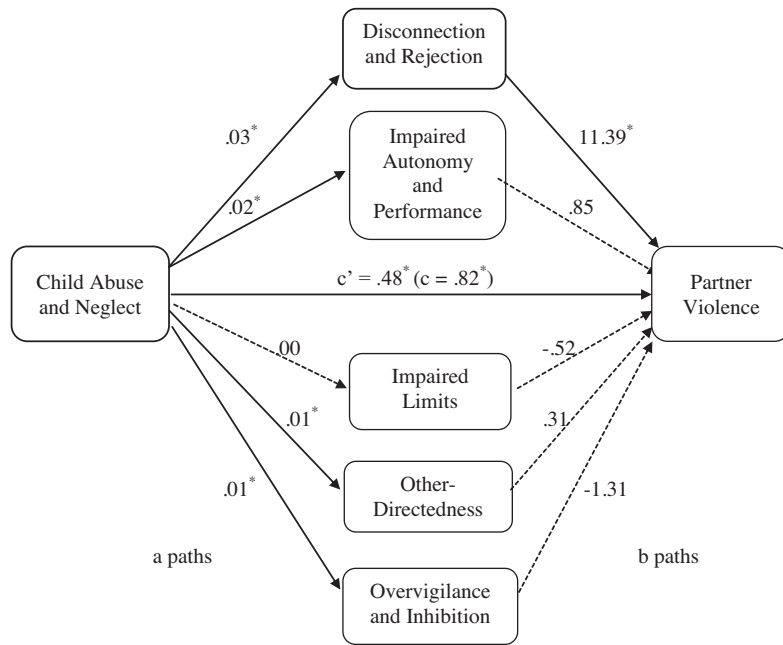


Fig. 1. The Parallel Multiple Meditational Model of five schema domains on the relationship between CAN and IPV. The two unstandardized coefficients at the bottom of the figure represent the B before and after (in the parenthesis) the addition of mediators into the model. Dashed line indicates non-significant paths. * $p < .05$.

Parallel Multiple Meditational Roles of Five Schema Domains on the Relationship between Child Abuse and Neglect, and Partner Violence

In order to examine the mediational role of schema domains (i.e., Disconnection/Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance and Inhibition) on the relationship between CAN and IPV, all mediators entered into the model (see Fig. 1). To test the indirect effects of these multiple mediators, Parallel Multiple Mediation Analysis suggested by Hayes (2013) was utilized. According to this approach, rather than running separate analyses for each mediator, all mediators are included into the same analysis simultaneously. This approach is preferred in order to allow some statistical advantages (for details see Hayes, 2013, p. 126). Additionally, if the 95% CI does not include 0, the effect is said to be significant with $p < .05$.

The summary of the results of Parallel Multiple Mediation Analysis (PROCESS, Model 4) conducted through an SPSS macro with 5000 bootstrap re-samples provided by Hayes (2013) were shown in Table 4. Accordingly, the suggested model was significant ($F(6, 211) = 11.15, p = .000$), and predicted 24% of the variance in IPV from CAN through five schema domains. CAN were significantly (*a* paths) associated with the schema domains of Disconnection/Rejection ($B = .03, SE = .00, p = .000, CI [.02, .04]$), Impaired Autonomy and Performance ($B = .02, SE = .00, p = .000, CI [.01, .02]$), Other-Directedness ($B = .01, SE = .00, p = .014, CI [.00, .02]$), Overvigilance and Inhibition ($B = .01, SE = .00, p = .003, CI [.00, .02]$). According to the *b* paths, only Disconnection/Rejection Schema domain was found to be significantly predicted the IPV ($B = 11.39, SE = 3.97, p = .004, CI [3.55, 19.22]$). Both the direct effect between CAN and IPV (*c'* path) ($B = .48, SE = .15, p = .002, CI [.18, .78]$), and total effect of them (*c* path; $B = .82, SE = .13, p = .000, CI [.55, 1.09]$) were significant. After all other mediators were kept constant, bias-corrected bootstrap with 95% confidence level showed that CAN experiences influenced later IPV through only Disconnection/Rejection schema domains (a_1b_1 path; 95% CI [0.0623–0.6564]). One unit difference on CAN experiences are estimated to differ by 11.39 units on the risk of experiencing partner violence through D/R schema domains.

Multiple Meditational Roles of 18 Schemas on the Association between Child Abuse and Neglect, and Partner Violence

To test the particular mediational role of each schema on the association between CAN and IPV, all eighteen schemas entered into the model (see Fig. 1). To test the indirect effects of these mediators, Multiple Mediation Analysis suggested by Hayes (2013) was conducted through an SPSS macro (INDIRECT) with 5000 bootstrap re-samples provided by Hayes (2013). Similarly, if the 95% CI does not include 0, the effect is said to be significant with $p < .05$.

The results (see Fig. 2) indicated that the suggested model was significant ($F(19, 196) = 4.74, p = .000$) and predicted 25% of the variance on IPV through eighteen schemas. Total effect (*c* path; $B = .83, SE = .14, p = .000$), and direct effect (*c'* path; $B = .39, SE = .16, p = .015$) of the model were also significant. Among the indirect effects (*ab* paths) of the 18 schemas on the

Table 4
Summary information of Parallel Multiple Mediation Model for the five domains of early maladaptive schemas.

Antecedent	Consequent																	
	M ₁			M ₂			M ₃			M ₄			M ₅			Y		
	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p
X	.29	.00	.00	.02	.00	.00	.00	.01	.47	.01	.00	.01	.01	.00	.00	.48	.15	.00
M ₁	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11.39	3.97	.01
M ₂	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	.85	3.88	.83
M ₃	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–.52	2.11	.80
M ₄	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2.31	3.08	.45
M ₅	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–1.31	3.58	.71
Constant	.95	.16	.00	1.39	.15	.00	2.83	.23	.00	2.41	.18	.00	2.18	.18	.00	–28.8	8.18	.00
	$R^2 = .21$			$R^2 = .10$			$R^2 = .00$			$R^2 = .03$			$R^2 = .04$			$R^2 = .24$		
	$F(1, 216) = 58.53, p = .00$			$F(1, 216) = 25.16, p = .00$			$F(1, 216) = .53, p = .47$			$F(1, 216) = 6.10, p = .01$			$F(1, 216) = 8.97, p = .00$			$F(6, 211) = 11.15, p = .00$		

Note. Y = intimate partner violence, X = child abuse and neglect, M₁ = Disconnection and Rejection, M₂ = Impaired Autonomy and Performance, M₃ = Impaired Limits, M₄ = Other-Directedness, M₅ = Overvigilance and Inhibition.

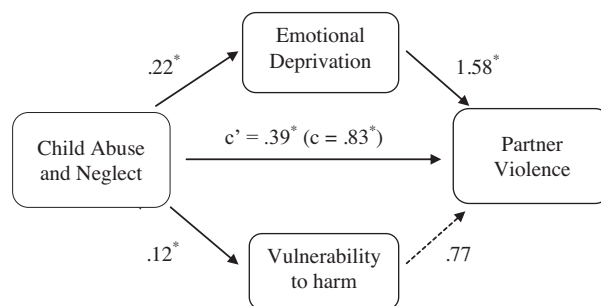


Fig. 2. Mediation model of schemas on the relationship between CAN and IPV. The two unstandardized coefficients at the bottom of the figure represent the B before and after (in the parenthesis) the addition of mediators into the model. Dashed line indicates non-significant paths. $*p < .05$.

link between CAN and IPV, only the schemas of Emotional Deprivation ($B = .34$, $SE = .12$, $p < .05$; $CI [.13, .62]$) and Vulnerability to Harm or Illness ($B = .09$, $SE = .06$, $p < .05$; $CI [.01, .25]$) were found significant.

Discussion

The results of the study generally revealed that early negative childhood experiences predicted risk of being exposed to later intimate partner violence, and early maladaptive schemas mediated this relationship.

Examination of the associated factors of IPV revealed that among the control variables, women with lower education levels were found at increased risk of experiencing violence from their intimate partners. This finding was consistent with the previous literature (Bensley et al., 2003; Thompson et al., 2006). Women who have higher education levels were more likely to show more independence, and probably did not adopt to violent treats of their partners.

Regression analyses results indicated significant associations among the subtypes of CAN and IPV in the current study. Participants who reported early CAN experiences also reported more frequent partner violence in their intimate relationship, which is consistent with the literature (e.g., Lowell et al., 2014; McKinney et al., 2008; Milner et al., 2010). Specifically, emotional and sexual childhood abusive experiences were found significantly associated with all types of partner violence. However, physical abuse in childhood was associated with only physical partner violence. Physical and emotional childhood neglect was not significantly associated with any subtypes of partner violence. Accordingly, early negative abusive experiences, especially emotional and sexual abuses in childhood, seem to play a crucial role in experiencing later violence.

Parallel Multiple Mediation Analysis of five schema domains defined by Young et al. (2003) revealed that only Disconnection/Rejection (D/R) schema domain was significantly associated with IPV, when the all other schema domains (i.e., mediators) were kept constant. Accordingly, women who reported to have experienced partner violence were more likely to have stronger D/R maladaptive schemas. These results are substantially consistent with the Young's proposal. According to Young and colleagues (2003), D/R schemas are defined as the most powerful and damaging schemas because people with this schema domain mostly have negative traumatic childhood experiences. In the literature, Gay et al. (2013) also reported that only D/R domain was associated with IPV.

While only D/R domain was found to mediate CAN–IPV relationship when the mediational role of schemas was analyzed under the five schema domains, simple mediation analysis which examined the particular roles of eighteen schemas yielded different results. Accordingly, among the eighteen schemas, Emotional Deprivation Schema under the domain of D/R, and Vulnerability to Harm or Illness Schema under the domain of Impaired Autonomy and Performance (IAP) mediated the association between CAN and IPV. Therefore, when schemas were examined under the domains, the particular role of each schema may be overlooked. Specifically, women who reported experiences of CAN seem to have stronger internalized Emotional Deprivation Schema, which include dysfunctional cognitions that the required will not be adequately met by others; or Vulnerability to Harm or Illness Schema, which include exaggerated fear that imminent catastrophe will strike at any time and that one will be unable to prevent it. Young and colleagues (2003) emphasize that family origins of women with these schemas are generally unstable, abusive, cold, rejecting or isolated from the outside world. These experiences predispose them to generate some problematic emotions, cognitions, and behaviors, and they internalize these dysfunctional schemas. Through the activation of these schemas which are triggered by the life events, child abuse survivors may tend to choose a partner that represents their abusive parents or they treat their partner like they learnt from negative childhood experiences. Paradoxically, although these EMSs cause them to suffer, they are familiar with them. Hence, EMSs make them likely to engaging in some self-destructive relationships (Young et al., 2003). Similarly, McWilliams (1994) propose that early childhood abusive experiences and traumas predispose people to develop a self-destructive relationship, which makes them susceptible to choose a partner that represents their abusive parents. Overall, these Emotional Deprivation and Vulnerability to Harm or Illness Schemas, which were highly internalized through experiences of child maltreatment may increase the likelihood of child abuse survivors to be in abusive relationships.

Crawford and O'Dougherty-Wright (2007) reported the indirect effect of Mistrust/Abuse, Self-Sacrifice, and Emotional Inhibition schemas on the link between CAN and IPV. The discrepancies between our findings and this study may be due

to the differences of the participants' cultural contexts. Considering that Turkey have been in a transition period from collectivism to individualism (Kagıtcıbası & Ataca, 2005), Turkish people still possess the attitudes and values of people in a collectivist culture. Thus, considering the collectivist feature of this sample, the expression of emotions could be stressful (Mesquita, 2001). These people may believe that expressing or feeling strong emotions may impair the group harmony (Argyle, Henderson, Bond, Iizuka, & Contarello, 1986). Hence, in the current sample, women were more likely to internalize higher Emotion Deprivation maladaptive schema due to their belief or knowledge that ignorance of their own emotions may become crucial when they have negative interpersonal experiences. As for the explanation of the effects of Vulnerability to the Harm or Illness Schema, we can refer to the characteristics of this group. Those women who were abused during their childhood most probably developed exaggerated fears of being harmed or to suffer again. Therefore, they could internalize these cognitive vulnerabilities, and reflect these characteristics in their other relationships.

The present study has some limitations. First, current study is built as retrospective design due to difficulties of examining this revictimization process with a longitudinal design, which makes it difficult to define a causal relation. Second, social desirability seems to influence participants' responses. In the current study, although approximately seven hundred packages were distributed to the women, only 222 of them were received back in fully completed form. Since participants may not volunteer to declare their victimization experiences, the rate of victimization may be underreported. Third, although the sample size was adequate, data would have been strengthened with the qualitative information. Further research is strongly encouraged to include some interviews with the women who applied shelters because of intimate partner violence. Finally, although adding the coping mechanisms of schema theory would be valuable, it could not be gained because of the involuntariness of participants to fulfill more questionnaires. It could be a valuable suggestion for the future studies to understand the coping mechanisms under the EMSs.

As a result, despite the limitations, current study emphasized the crucial role of EMSs on the process of repeated victimization of child abuse survivors. Especially, negative childhood experiences and internalized Disconnection/Rejection schemas were found as the risk factors of experiencing partner violence in adulthood. Women who had abusive and neglected childhood experiences, and those who developed the schemas of Emotional Deprivation and Vulnerability to Harm or Illness showed more likely to be in risk of experiencing partner violence. These EMSs may tend women to choose abusive partners like their parents, because survivors are more probably not familiar with some other healthier styles of being in a relation with others. By exploring the mediating roles of EMSs, current study provides crucial empirical information to understand the underlying mechanisms of revictimization. This study suggests clinicians to focus on the persistent victimization process by referring some rooted vulnerabilities. They should focus on these internalized early maladaptive schemas, and try to develop some new and healthier schema coping styles when they are working with victims of child abuse and intimate partner violence. This kind of awareness may prevent the child abuse survivors to be victims of the later partner violence.

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